

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/930,312

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53	/					
4		/					54		/				
5		/					55		/				
6		/					56	/					
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60	/					
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65	/					
16		/					66	/					
17		/					67	/					
18		/					68		/				
19		/					69	/					
20		/					70		/				
21		/					71		/				
22		/					72		/				
23		/					73		/				
24		/					74	/					
25		/					75	/					
26		/					76		2				
27	/						77		2				
28		/					78	/					
29		/					79		/				
30		/					80	/					
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40	/						90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46		/					96						
47		/					97						
48	/						98						
49		/					99						
50		/					100						
TOTAL IND.	16						TOTAL IND.						
TOTAL DEP.	60						TOTAL DEP.						
TOTAL CLAIMS	76						TOTAL CLAIMS						